

10-705727

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS				
IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND		
1						51				
2						52				
3						53				
4						54				
5						55				
6						56				
7						57				
8						58				
9						59				
10						60				
11						61				
12						62				
13						63				
14						64				
15						65				
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17						67				
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37						87				
38						88				
39						89				
40						90				
41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.						TOTAL IND.				
TOTAL DEP.						TOTAL DEP.				
TOTAL CLAIMS						TOTAL CLAIMS				